

12-03-09

# / AF / IFW

PTO/SB/31 (08-03)  
Approved for use through 07/31/2006. OMB 06551-0031  
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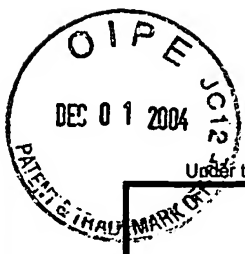
<b>Appeal Brief Following NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 50121	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" # EL 977 589 384 US on <u>12/1/04</u>		In re Application of Smith, Jr.	
Signature <u>Sue Shaper</u>		Application Number 10/701,146	Filed 11/4/2003
Typed or printed name <u>Sue Shaper</u>		For Cargo Oriented Aircraft	
		Art Unit 3644	Examiner Tien Dinh
Applicant hereby files its appeal brief, in triplicate, with attachments to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>340.00</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>170.00</u>	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge any fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1753 (50121)</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the		<u>Sue Shaper</u> Signature	
<input type="checkbox"/> applicant/inventor.		Sue Z. Shaper Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		713 550 5710 Telephone number	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>31663</u>		<u>12/1/04</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/701,146
	Filing Date	Nov 4, 2003
	First Named Inventor	Smith, Jr., Frank C.
	Art Unit	3644
	Examiner Name	Dinh
Total Number of Pages in This Submission	Attorney Docket Number	50121

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b> It is believed that no further request for extension of time or fees are due. Notwithstanding, the Commissioner is authorized to charge any additional fees incurred or credit any overage to Deposit Account No.50-1753 ( 50121). Please regard this as a further request for extension of time to the extent one is needed. (Customer Account Number 22929)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Sue Z. Shaper
Signature	
Date	12/1/04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service by Express Mail EL 977589384 US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Sue Z. Shaper		
Signature		Date	12/1/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/701,146
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Filing Date	11/4/2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Smith, Jr.
		Examiner Name	Dinh
		Art Unit	3644
		Attorney Docket No.	50121

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None							
<input checked="" type="checkbox"/> Deposit Account							
Deposit Account Number 50-1753 (50121)							
Deposit Account Name							
<b>The Director is authorized to: (check all that apply)</b>							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>		<b>3. ADDITIONAL FEES</b>					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	1051	130	Surcharge - late filing fee or oath	
1002	340	2002	170	1052	50	Surcharge - late provisional filing fee or cover sheet	
1003	530	2003	265	1053	130	Non-English specification	
1004	770	2004	385	1812	2,520	For filing a request for ex parte reexamination	
1005	160	2005	80	1804	920*	Requesting publication of SIR prior to Examiner action	
				1805	1,840*	Requesting publication of SIR after Examiner action	
				1251	110	Extension for reply within first month	
				1252	420	Extension for reply within second month	
				1253	950	Extension for reply within third month	
				1254	1,480	Extension for reply within fourth month	
				1255	2,010	Extension for reply within fifth month	
				1401	330	Notice of Appeal	
				1402	330	Filing a brief in support of an appeal	170.00
				1403	290	Request for oral hearing	
				1451	1,510	Petition to institute a public use proceeding	
				1452	110	Petition to revive - unavoidable	
				1453	1,330	Petition to revive - unintentional	
				1501	1,330	Utility issue fee (or reissue)	
				1502	480	Design issue fee	
				1503	640	Plant issue fee	
				1460	130	Petitions to the Commissioner	
				1807	50	Processing fee under 37 CFR 1.17(q)	
				1806	180	Submission of Information Disclosure Stmt	
				8021	40	Recording each patent assignment per property (times number of properties)	
				1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
				1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
				1801	770	Request for Continued Examination (RCE)	
				1802	900	Request for expedited examination of a design application	
				Other fee (specify)			
				SUBTOTAL (3) (\$170.00)			
				*Reduced by Basic Filing Fee Paid			

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Sue Z Shaper	Registration No. (Attorney/Agent)	31663
Signature	<i>Sue Shaper</i>	Telephone	713 550 5710
		Date	12/1/04

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